

**Vaccine Advisory Committee  
Meeting Minutes  
April 29, 2011**

*Members in attendance:* Elizabeth Lange, MD, RIVAC Committee Chair; Nathan Beraha, MD; Sarah Fessler, MD; Dinusha Dietrich, MD, David Chronley, MD; Richard Ohnmacht, MD; Gail Davis, RN; Boris Skurkovich, MD; *Members unable to attend:* Penelope Dennehy, MD; Patricia Flanagan, MD; Gail Skowron, MD  
*HEALTH:* Dr Fine, Peter Simon, MD; Patricia Raymond, Kathy Marceau, Sue Duggan-Ball, Mark Francesconi

Dr Lange welcomed the group and opened the meeting at 7:30 AM.

**Role of Vaccine Advisory Committee Discussion**

Members requested clarification on who generates the agenda for the meetings, how member input and recommendations are communicated to the Director, and an explanation on how decisions are made and communicated back to the committee. Members asked if there is opportunity for further discussion if a recommendation by the committee is not adopted, and for clearer communication as to why a recommendation is not adopted.

The meeting agenda is developed in response to new vaccine recommendations or other vaccine-related issues, or requests from pharmaceutical companies to present new vaccine product information. Agenda is open to requests from committee members. The chair summarizes the feedback from the vaccine advisory committee in a letter to the Director of Health. The letter is shared with committee members through email and posted on the Secretary of State's open meeting website at: <http://sos.ri.gov/publicinfo/openmeetings/>. HEALTH's

*Guiding Principles for Vaccine Selection:*

<http://www.health.ri.gov/immunization/about/vaccinepolicy/index.php> are used to guide changes in vaccine policy.

**Pharmaceutical Presentations**

Members had mixed opinions on the value of including pharmaceutical presentations on the meeting agenda. Overall presentations should be based on evidence-based science. If data does not demonstrate any clinical differences between competing vaccines, this should be stated in presentation.

**School Regulations**

There was a brief group discussion about school immunization regulations. Regulations are amended when there is a change in ACIP recommendations. The committee has not reviewed new school immunization requirements in the past but this could be a subject for discussion on the meeting agenda. There is opportunity for input at a public hearing, which is required for all amendments to regulations. The regulations require minimum standards only. Some school districts require more than the regulations for example TB testing is not required by the state but is required for school entry in some districts.

**Parent Refusal to Vaccinate**

Members discussed how others respond to parents who refuse child vaccinations, and if HEALTH has a policy to address families who refuse to vaccinate children or a registry that captures the information of refusals. "Refusals for vaccination" are not captured in the state registry however schools are required to capture all exemption information in the event of an outbreak. RI State law allows medical and religious exemptions. Religious exemptions are not validated in any way. The provider can refuse to be PCP but by not refusing can continue to educate parent.

### **Summary of Group Discussion on Pentacel and Pediarix**

**Background:** In December 2007, Merck announced a recall of their Hib products (PedvaxHIB and Comvax) resulting in a national shortage of Hib vaccine from December 2007 to July 2009. In response, CDC issued interim recommendations for deferral of the booster dose of Hib vaccine. In October 2008, the FDA approved licensure of a new Hib containing vaccine, Pentacel (Hib-Polio-DTaP combination vaccine), and CDC required that all states order a supply of Pentacel to compensate for the shortage. In response, HEALTH requested that some providers switch from Pediarix (combination HepB-DTaP-Polio) to Pentacel temporarily until an adequate supply of Hib vaccine became available. In June 2009, HEALTH announced that Hib supply was sufficient enough to reinstate the universal Pediarix schedule, and that all providers who were using Pentacel should begin transitioning back to Pediarix.

The group discussed concerns about changing schedules and vaccine products as well as the importance of maintaining a stable supply of vaccine to keep children up-to-date on their vaccinations. Some members expressed that they would have preferred to continue using Pentacel rather than returning to the Pediarix schedule and asked if there is opportunity to revisit combination vaccines, or could HEALTH offer choice to providers? Pentacel might mean giving less shots in some situations. Members asked for clarification on how HEALTH makes vaccine decisions and is the decision based only on cost or choosing the least expensive vaccine? It was noted that changes in vaccine product can result in increased confusion and missed opportunities—also increasing cost. Reducing the frequency of vaccine change is as important as saving dollars.

The group also discussed decline in coverage rates in 2<sup>nd</sup> year of life. It was mentioned that returning to a 4-dose Hib schedule might be considered in helping to improve RI's decline in 4<sup>th</sup> dose DTaP coverage rates and it would be helpful to review trend of coverage rates over past years. Loss of childcare subsidies should also be considered as a factor in impact on coverage rates. HEALTH is looking at several factors that could be impacting coverage rates.

### **Department of Health Updates**

HEALTH provided update on activities during National Infant Immunization Week in April. Team worked with birthing hospitals and childcare centers to develop placemats with immunization message to be used in birthing hospitals. An educational dinner for center based, childcare nurses, with presentation on Flumist was sponsored by MedImmune. A newsletter for childcare providers was developed and mailed to centers, and a booklet with photos and description of vaccine-preventable diseases was developed to share with parents who refuse vaccine and will be available at the upcoming provider breakfast.

The Provider Breakfast is scheduled for May 26, 2011 at the Crowne Plaza, Warwick, provider excellence awards, keynote presentation on "Meaningful Use".

In march, RI was recognized at the National Immunization Conference for having the highest influenza coverage rates (75%) in children 6 months thru age 17 years during the 2010-2011 season as well as high coverage rates among adolescents 13-17 years of age for routine vaccines.

Next Vaccine Advisory Committee Meeting: Friday, October 28, 2011